



Putting risk in its place



## LIU DATA INSURE INSURANCE APPLICATION

NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS LIMITED TO LIABILITY FOR WRONGFUL ACTS COMMITTED SUBSEQUENT TO THE RETROACTIVE DATE, IF APPLICABLE, FOR WHICH CLAIMS ARE FIRST MADE AGAINST THE INSURED WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO THE COMPANY NO LATER THAN SIXTY (60) DAYS AFTER THE TERMINATION OF THE POLICY.

THE LIMITS OF LIABILITY AVAILABLE TO PAY DAMAGES, INCLUDING JUDGMENT OR SETTLEMENT AMOUNTS, SHALL BE REDUCED BY AMOUNTS INCURRED FOR CLAIMS EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR CLAIMS EXPENSES AND DAMAGES SHALL ALSO BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

Complete this application in full and attach all required materials. If coverage is bound, this application and the materials submitted with it will be attached to the Policy and will constitute a part thereof.

Name of Applicant:	Website Address(es):	Street Address:
City:	State:	Zip Code:
Risk Manager: <small>(or organizational equivalent if different from above)</small>	Phone:	Email:
Chief Privacy Officer: <small>(or organizational equivalent if different from above)</small>	Phone:	Email:

1) Please provide the following information for all subsidiaries for which coverage is desired (attach a schedule if necessary):

<u>NAME</u>	<u>LOCATION</u>	<u>NATURE OF BUSINESS</u>	<u>PERCENTAGE OWNED BY APPLICANT</u>
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- 2) a) Please provide the date the Applicant was established: \_\_\_\_/\_\_\_\_/\_\_\_\_
- b) Applicant is:     Individual         Partnership         Corporation         Other (specify)
- c) Has the name of the Applicant ever changed?     Yes     No
- d) Has the Applicant ever been involved in a merger, acquisition or consolidation with another entity?  Yes  No
- e) Is the Applicant wholly or partly owned, controlled or related to any other entity?     Yes     No
- f) Does the Applicant own or control any other entity?     Yes     No

**If the Applicant responded “yes” to any part of question 3, please provide complete details on a separate sheet.**

3) Please describe the business services of the Applicant:

4) Please provide revenue information based on the most recent financial year:

Gross Revenue	Past 12 Months	Current 12 Months	Projection for Next Year

c) Please attach a copy of the Applicant’s most recent Financial Statement (10K) or copies of the Applicant’s most recent audited financials, or the Applicant’s current annual report.

**If such attachments are not included, please explain on a separate sheet.**

5) a) Does any one client of the Applicant represent more than 20% of the Applicant’s gross annual billings?  Yes  No

b) Approximately how many customers does the Applicant have? \_\_\_\_\_

6) Describe which services (if any) are outsourced?

Data back-up	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	Payment processing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
Data hosting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	Physical security	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
IT infrastructure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	Software development	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
IT security	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	Customer marketing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>

**If “yes” to any of the above, please provide list critical service providers, including PCI compliance of outsourced payment processor and a copy of most recent Report on Compliance.**

7) a) Does the Applicant process credit cards in-house? If yes, please confirm:

Merchant level: \_\_\_\_\_ PCI compliance:  Yes  No

b) Does the Applicant request subcontractors to carry errors and omissions insurance?  Yes  No

c) Do vendor contracts have hold harmless / indemnity clauses that benefit the Applicant?  Yes  No

d) Please describe the vendor management procedures in place to oversee vendor selection and/or ongoing services.

8) a) Does the Applicant have a written corporate privacy policy which is reviewed by a qualified lawyer, actively followed and regularly updated?  Yes  No

b) Does the Applicant have a written incident response plan regarding how compromised personally identifiable information is handled?  Yes  No

c) Does the Applicant regularly update anti-virus software and patch security systems as appropriate?  Yes  No

d) Does the Applicant have procedures to ensure compliance with privacy regulatory bodies, such as HIPAA and state privacy laws?  Yes  No

e) Has the Applicant received complaints regarding the way in which personal data is handled? **If Yes, please describe in more detail.**  Yes  No

f) Does the Applicant have a business continuity plan?  Yes  No

**If Yes, when was it last tested?** \_\_\_\_\_

- 9)
- a) Does the Applicant manage the handling of personal data using role-based, need-to-know access?  Yes  No
  - b) Does the Applicant log and monitor network access?  Yes  No
  - c) Does the Applicant use intrusion detection and/or prevention software?  Yes  No
  - d) Does the Applicant use data loss prevention (DLP) software?  Yes  No
  - e) Does the Applicant have a specific individual responsible for overall privacy and security?  Yes  No
  - f) Has the Applicant had a third party privacy and/or security audit in the last two years? **If Yes, please attach.**  Yes  No
  - g) Has the Applicant implemented an identity theft prevention program in order to be compliant with FTC “red flag” rules?  Yes  No

- 10)
- a) Does the Applicant classify and track where sensitive data is processed on the network?  Yes  No
  - b) Does the Applicant classify permission based access to sensitive data and applications?  Yes  No
  - c) Does the Applicant have an individual responsible for the management of privacy issues?  Yes  No
  - d) Does the Applicant regularly monitor security vulnerabilities?  Yes  No
  - e) Does the Applicant have an active Written Information Security Policy?  Yes  No  
**If “yes”, please provide a copy of most recent Written Information Security Policy**

- 11) a) Please provide details of the volumes of personally identifiable information which is handled, processed or stored by the Applicant:

Type of information	Number of records stored or processed annually	Encryption capabilities (YES / NO)			
		At rest	In transit	In mobile devices	Back-up tapes
Social security numbers, government ID or driver license information		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial information (e.g. banking information)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Payment card data		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal health information		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (please specify):		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- 12) a) Please coverage required: Limit: \$\_\_\_\_\_ Deductible: \$\_\_\_\_\_
- b) Has any Errors or Omissions, Privacy Insurance or Professional Liability Insurance ever been declined, cancelled or non-renewed?  Yes  No  
**If “yes”, please explain on separate sheet.**

- 13) Content controls
- a) Please describe the content produced and/or developed by the Applicant.

- b) Please describe the measures in place regarding responses to allegedly infringing or defamatory content, including take-down procedures.
- c) Please describe the controls in place for reviewing content, including logos and trademarks prior to usage.

14)

- a) Do any principals, directors, officers, partners, professional employees or independent contractors of the Applicant or any of the entities identified in Question 2 for which coverage is desired, have knowledge or information of any act, error, omission, breach of duty, cease and desist letter, alleged breach of intellectual property rights, or any other circumstance which might reasonably be expected to give rise to a claim?  Yes  No
- b) Is the Applicant aware of any release, loss or disclosure of personally identifiable information in the care, custody or control of the Applicant during the last three years?  Yes  No
- c) Is the Applicant aware of any known network intrusion or denial of service attack during the last three years?  Yes  No
- d) Has the Applicant, or any of its predecessors in business, subsidiaries or affiliates, or any of the principals, directors, officers, partners, professional employees or independent contractors ever been the subject of a regulatory action as a result of the handling of sensitive data, including a civil investigative demand, consent order or investigation by an Attorney General or other industry body?  Yes  No
- e) During the past five years, have any claims been made or legal action brought against the Applicant or any of the entities identified in Question 2 for which coverage is desired, or any predecessors in business, subsidiaries, affiliates or any principal, director, officer or professional employee?  Yes  No
- f) Has the Applicant reported the matters listed in Question 14 a-e to its current or former insurance carrier?  Yes  No

**NOTE:** *If any such claims exist, or any such facts or circumstances exist which could give rise to a claim, then those claims and any other claims arising from such facts or circumstances are excluded from the proposed insurance.*

**If the Applicant responded “yes” to any part of Question 14 a-e, please complete a Supplemental Claims Questionnaire for each claim, notice or circumstance.**

**NOTICE TO THE APPLICANT – PLEASE READ CAREFULLY**

The undersigned authorized representative of the Applicant, based upon reasonable inquiry, warrants to the best of its knowledge that the statements set forth herein are true and include all material information.

The Applicant further warrants that if the information supplied on this application changes materially between the date of this application and the inception date of the policy, it will immediately notify the insurance company of the changes. Signing of this application does not bind the Company to offer nor the Applicant to accept insurance, but it is agreed that this application shall be a basis of the insurance and it will be attached and made a part of the policy should a policy be issued.

Applicant’s Signature: \_\_\_\_\_  
 Must be signed by an Officer of the Applicant

\_\_\_\_\_  
 Name and Title Date (Mo./Day/Yr.)